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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number WEC-104-A

First Named Inventor Ransom

COMPLETE IF KNOWN

Application Number /

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLLAPSIBLE ENCLOSURE WITH INTERCHANGEABLE AND REVERSIBLE
COVERING ELEMENTS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name **Marshall G. MacFarlane**

Address **3001 West Big Beaver Road, Suite 624**

City **Troy** State **MI** ZIP **48084-3107**

Country **USA** Telephone **734/662-0270** Fax **734/662-1014**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **ROBERT M.** Family Name or Surname **RANSOM**

Inventor's Signature  Date **12-4-01**

Residence: City **Flushing** State **MI** Country **USA** Citizenship **USA**

Mailing Address **8102 Coldwater Road**

City **Flushing** State **MI** ZIP **48433** Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **TODD P.** Family Name or Surname **WESTON**

Inventor's Signature  Date **12-4-01**

Residence: City **Ypsilanti** State **MI** Country **USA** Citizenship **USA**

Mailing Address **7780 Pleasant Lane**

City **Ypsilanti** State **MI** ZIP **48197** Country **USA**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

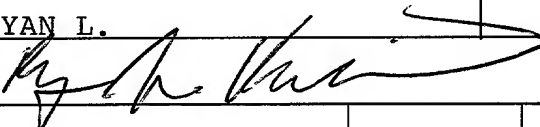

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RYAN L.		KUBICA	
Inventor's Signature 		Date <u>12/04/01</u>	
Residence: City <u>Flushing</u>	State <u>MI</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>8470 Apple Blossom</u>			
Mailing Address			
City <u>Flushing</u>	State <u>MI</u>	ZIP <u>48433</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
SCOTT D.		WEHNER	
Inventor's Signature 		Date <u>12/05/01</u>	
Residence: City <u>Mt. Morris</u>	State <u>MI</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>4407 W. Stanley Road</u>			
Mailing Address			
City <u>Mt. Morris</u>	State <u>MI</u>	ZIP <u>48458</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Ransom
Group Art Unit	
Examiner Name	
Attorney Docket Number	WEC-104-A

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Marshall G. MacFarlane	30,403
Christopher A. Mitchell	40,729
Todd L. Moore	36,874
Andrew R. Basile	24,753

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Marshall G. MacFarlane				
Address	YOUNG & BASILE, P.C.				
Address	3001 West Big Beaver Road, Suite 624				
City	Troy	State	MI	Zip	48084-3107
Country	USA				
Telephone	(734) 662-0270	Fax	(734) 662-1014		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Robert M. Ransom

Signature 

Date 12-04-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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Name	Todd P. Weston
Signature	
Date	12-4-01

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☒ Firm or
Individual Name

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Troy

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48084-3107

Country

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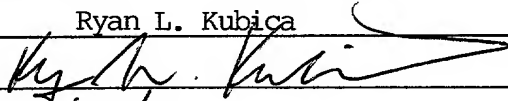
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SIGNATURE of Applicant or Assignee of Record

Name

Ryan L. Kubica

Signature



Date

12/04/01

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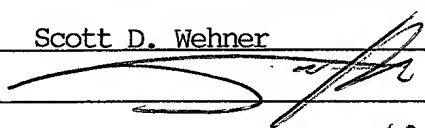
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SIGNATURE of Applicant or Assignee of Record

Name	Scott D. Wehner
Signature	
Date	12-05-01

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